



Provider Update Form

Program Name: _____

DBA Name if applicable: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone number: _____ Alternate phone number: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Total number of children authorized by the state/licensing authority: _____

*I have an update to my License and/or Accreditation: Yes No
*An updated license and/or Accreditation must also be submitted with this form

If yes, please provide details: _____

Age of children authorized to serve from _____ to _____

What type of child care programs do you offer?

0 -11 months

12 -17 months

18 – 23 months

24 – 35 months

36 - 59 months

5 years and above

Before School

After School

Before & After School

Summer Camp Program

Does your program offer Special Needs Care? Yes No

If yes, please provide the details of the type of care offered:

Upon certifying and returning this form to the GSA Subsidy Administration Section, I am authorizing the change(s) above to the information on file with the GSA.

Signature of Program Official Authorizing Change: _____

Printed Name of Program Official: _____

Date: _____

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